

Appropriations Project Request - Fiscal Year 2020-21

For projects meeting the Definition of House Rule 5.14

1. Title of Project: City of Deerfield Beach - Northeast Focal Point Senior Center
2. Date of Submission: 11/12/2019
3. House Member Sponsor: Patricia Williams
Members Copied:

4. DETAILS OF AMOUNT REQUESTED:

- a. Has funding been provided in a previous state budget for this activity? Yes
If answer to 4a is "No" skip 4b and 4c and proceed to 4d, Col. E
- b. What is the most recent fiscal year the project was funded? 2019-20
- c. Were the funds provided in the most recent fiscal year subsequently vetoed? No
- d. Complete the following Project Request Worksheet to develop your request:

FY:	Input Prior Year Appropriation for this project for FY 2019-20 <i>(If appropriated in 2019-20 enter the appropriated amount, even if vetoed.)</i>			Develop New Funds Request for FY 2020-21 <i>(Requests for additional RECURRING funds are prohibited.)</i>		
Column:	A	B	C	D	E	F
Funds Description:	Prior Year Recurring Funds	Prior Year Nonrecurring Funds	Total Funds Appropriated <i>(Recurring plus Nonrecurring: column A + column B)</i>	Recurring Base Budget <i>(Will equal non-vetoed amounts provided in Column A)</i>	Additional Nonrecurring Request	TOTAL Nonrecurring plus Recurring Base Funds <i>(Will equal the amount from the Recurring base in Column D plus the Additional Nonrecurring Request in Column E.)</i>
Input Amounts:		195,150	195,150		195,150	195,150

5. Are funds for this issue requested in a state agency's Legislative Budget Request submitted for FY 2020-21? Yes
 - 5a. If yes, which state agency? Department of Elder Affairs
 - 5b. If no, which is the most appropriate state agency to place an appropriation for the issue being requested?
 - 5c. Has the appropriate state agency for administering the funding, if the request were appropriated, been contacted? Yes
 - 5d. Describe penalties for failing to meet deliverables or performance measures which the agency should provide in its contract to administer the funding if appropriated.
A suggested penalty would be a decrease in funding if deliverable and performance measures are not met

6. Requester:

- a. Name: David Santucci
- b. Organization: City of Deerfield Beach
- c. Email: dsantucci@dfb.city
- d. Phone #: (954)480-4263

7. Contact for questions about specific technical or financial details about the project:

- a. Name: Donna DeFronzo
- b. Organization: City of Deerfield Beach, Director of Center for Active Aging
- c. Email: ddefronzo@dfb.city
- d. Phone #: (954)480-4453

8. Is there a registered lobbyist working to secure funding for this project?

- a. Name: Heather Turnbull
- b. Firm: Rubin Turnbull and Associates
- c. Email: heather@rubinturnbull.com
- d. Phone #: (850)681-9111

9. Organization or Name of entity receiving funds:

- a. Name: City of Deerfield Beach/ NE Focal Point Senior Center
- b. County (County where funds are to be expended): Broward
- c. Service Area (Counties being served by the service(s) provided with funding): Broward

10. What type of organization is the entity that will receive the funds? (Select one)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government
- University or College
- Other (Please describe)

11. What is the specific purpose or goal that will be achieved by the funds being requested?

Continue to provide family caregivers with in-facility respite day care, case management, and caregiver training and support services in caring for their loved ones with Alzheimer's disease. Services will allow family members to work while their loved ones with Alzheimer's Disease, Dementia and Memory Loss Disorders are provided with positive and stimulating activities and programs in a safe and secure environment. Day care services are provided Monday through Friday from 7:30 am - 5:30 pm.

12. Provide specific details on how funds will be spent. (Select all that apply)

Spending Category	Description	Nonrecurring (Should equal 4d, Col. E) Enter "0" if request is zero for the category
Administrative Costs:		
<input checked="" type="checkbox"/> a. Executive Director/Project Head Salary and Benefits	Project Manager/Health Support Manager	10,000
<input type="checkbox"/> b. Other Salary and Benefits		
<input type="checkbox"/> c. Expense/Equipment/Travel/Supplies/Other		
<input type="checkbox"/> d. Consultants/Contracted Services/Study		
Operational Costs:		
<input checked="" type="checkbox"/> e. Salaries and Benefits	Day Care Nurse, Case Manager, Recreation Coordinator, and Certified Nursing Assistants	180,150
<input checked="" type="checkbox"/> f. Expenses/Equipment/Travel/Supplies/Other	Medical and health supplies, recreational and programming supplies, travel and training, lease of copier and security equipment.	5,000
<input type="checkbox"/> g. Consultants/Contracted Services/Study		
Fixed Capital Construction/Major Renovation:		

<input type="checkbox"/> h. Construction/Renovation/Land/Planning Engineering		
TOTAL		195,150

13. For the Fixed Capital Costs requested with this issue (In Question 12, category "h. Fixed Capital Outlay" was selected), what type of ownership will the facility be under when complete? (Select one correct option)

- For Profit
- Non Profit 501(c) (3)
- Non Profit 501(c) (4)
- Local Government (e.g., police, fire or local government buildings, local roads, etc.)
- State agency owned facility (For example: college or university facility, buildings for public schools, roads in the state transportation system, etc.)
- Other (Please describe)

14. Is the project request an information technology project?

No

15. Is there any documented show of support for the requested project in the community including public hearings, letters of support, major organizational backing, or other expressions of support?

Yes

15a. Please Describe:

City of Deerfield Beach's City Commission and Budget Workshop Meetings in 2019. Letters of support from caregivers and local civic groups, such as the Kiwanis Club of Deerfield Beach, Women's Club of Deerfield Beach, and Chamber of Commerce.

16. Has the need for the funds been documented by a study, completed by an independent 3rd party, for the area to be served?

Yes

16a. Please Describe:

The Aging & Disability Resource Center has completed the Area Plan indicating a need for senior services and Alzheimer's Day Care Services due to the increasing aging population and diagnosis of individuals with dementia, Alzheimer's disease and memory loss disorders. The Alzheimer's Association has also documented the need for family care giving support. The "Dignity in Aging" Analysis Report conducted by the Community Foundation, Jewish Federation, and United Way of Broward County.

17. Will the requested funds be used directly for services to citizens?

Yes

17a. What are the activities and services that will be provided to meet the purpose of the funds?

Will include respite (relief) day care, case management, and caregiver educational and training & support programs to assist in coping with and decreasing the burden of caring for a loved one with dementia, Alzheimer's disease, and memory loss disorders. Nursing, social services and recreation services will be provided to maintain and improve the physical health and well-being of both the care giver and the client.

17b. Describe the direct services to be provided to the citizens by the funding requested.

The direct services will include in-facility respite day care services, case management, and caregiver training and support services.

17c. Describe the target population to be served (i.e., "the majority of the funds requested will serve these target populations or groups.").

Select all that apply to the target population:

- Elderly persons
- Persons with poor mental health
- Persons with poor physical health
- Jobless persons
- Economically disadvantaged persons
- At-risk youth
- Homeless
- Developmentally disabled
- Physically disabled
- Drug users (in health services)
- Preschool students
- Grade school students
- High school students
- University/college students
- Currently or formerly incarcerated persons
- Drug offenders (in criminal Justice)
- Victims of crime
- General (The majority of the funds will benefit no specific group)
- Other (Please describe): Family Caregivers and any adult with memory disorders

17d. How many in the target population are expected to be served?

- < 25
- 25-50

- 51-100
- 101-200
- 201-400
- 401-800
- >800

18. What benefits or outcomes will be realized by the expenditure of funds requested? (Select each Benefit/Outcome that applies)

Benefit or Outcome	Provide a specific measure of the benefit or outcome	Describe the method for measuring level of benefit
<input checked="" type="checkbox"/> Improve physical health	Decrease caregiver stress burdens	self-reported by caregivers via satisfaction surveys
<input type="checkbox"/> Improve mental health		
<input type="checkbox"/> Enrich cultural experience		
<input type="checkbox"/> Improve agricultural production/promotion/education		
<input checked="" type="checkbox"/> Improve quality of education	Learning coping skills to care for loved ones with dementia	Documented attendance at support groups, self-reported by caregivers via satisfaction surveys, and pre & post tests.
<input type="checkbox"/> Enhance/preserve/improve environmental or fish and wildlife quality		
<input type="checkbox"/> Protect the general public from harm (environmental, criminal, etc.)		
<input type="checkbox"/> Improve transportation conditions		
<input type="checkbox"/> Increase or improve economic activity		
<input type="checkbox"/> Increase tourism		
<input type="checkbox"/> Create specific immediate job opportunities		

<input type="checkbox"/> Enhance specific individual's economic self sufficiency		
<input type="checkbox"/> Reduce recidivism		
<input type="checkbox"/> Reduce substance abuse		
<input type="checkbox"/> Divert from Criminal/Juvenile justice system		
<input type="checkbox"/> Improve wastewater management		
<input type="checkbox"/> Improve stormwater management		
<input type="checkbox"/> Improve groundwater quality		
<input type="checkbox"/> Improve drinking water quality		
<input type="checkbox"/> Improve surface water quality		
<input type="checkbox"/> Other (Please describe):		

19. Provide the total cost of the project for FY 2020-21 from all sources of funding (Enter "0" if amount is zero):

Type of Funding	Amount	Percent of Total	Are the other sources of funds guaranteed in writing?
1. Amount Requested from the State in this Appropriations Project Request:	195,150	19.8%	N/A
2. Federal:	0	0.0%	No
3. State: (Excluding the requested Total Amount in #4d, Column F)	0	0.0%	No
4. Local:	790,526	80.2%	Yes
5. Other:	0	0.0%	No
TOTAL	985,676	100%	

20. Is this a multi-year project requiring funding from the state for more than one year?

Yes

20a. How much state funding would be requested after 2020-21 over the next 5 years?

- <1M
- 1-3M
- >3-10M
- >10M

20b. How many additional years of state support do you expect to need for this project?

- 1 year
- 2 years
- 3 years
- 4 years
- ≥ 5 years

20c. What is the total project cost for all years including all federal, local, state, and any other funds? Select the single answer which best describes the total project cost. If funds requested are for ongoing services or for recurring activities, select “ongoing activity”.

- Ongoing activity – no total cost
- <1M
- 1-3M
- >3-10M
- >10M